

**Speech-Language Pathology and Audiology Board**

2005 Evergreen Street, Suite 2100, Sacramento, CA 95815  
Telephone: (916) 263-2666 / Fax: (916) 263-2668  
www.slpab.ca.gov



# **SPEECH-LANGUAGE PATHOLOGY ASSISTANT REGISTRATION RENEWAL**

Please complete this entire form and return with the **\$75.00** to the address above. Do not send cash. Send a separate check or money order and form for each registration. Make payable to: Speech-Language Pathology and Audiology Board or SLPAB.

Registration No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip Code)

Would you like your address of record changed? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please check one of the following:**

- ☐ I have completed 12 hours of continuing professional development.
- ☐ I wish to renew my registration as INACTIVE. I understand that while my registration is inactive I cannot engage in any activity for which an active registration is required.
- ☐ I was granted an exemption by the board on \_\_\_\_\_.

I swear under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

A faxed copy of this declaration shall be as valid as the original.